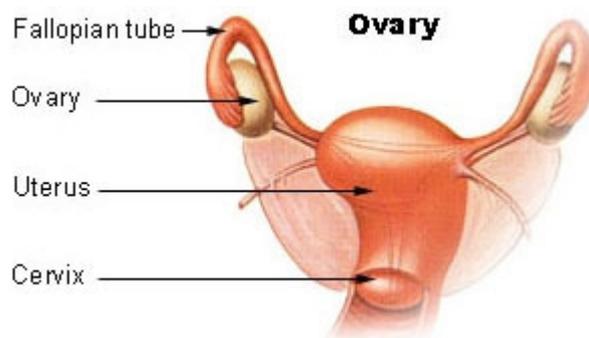


Latent phase of labour

The latent phase of labour is the build up period before the 'active' or 'established' part of your labour. This stage is different for different women, and for the same woman in different pregnancies. This leaflet explains the latent phase of labour, and how to cope if it goes on for a long time.

What is happening in the latent phase?

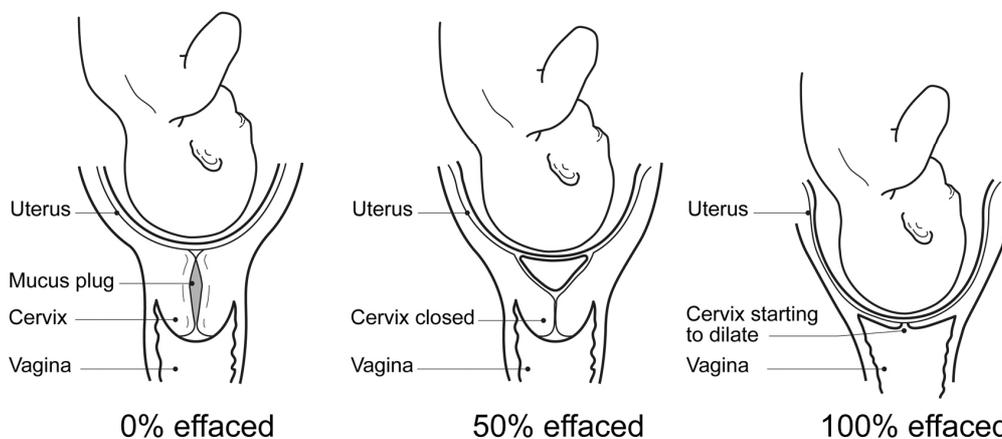
Your cervix, or neck of the womb, is like a tube, normally about 3 cm long. At about 36 weeks of pregnancy, the cervix begins to change, becoming softer in preparation for labour.



Nearer to the birth, you start to experience contractions, which can become increasingly uncomfortable. At first they may be short lasting and irregular. After a time, they can stop, and then start again a few hours or even days later.

These contractions are beginning to shorten the cervix (effacement), and open it (dilatation).

Cervical Effacement



What will I experience?

During this phase, you may have:

- Backache
- Uncomfortable or even painful tightenings that may stop and start
- A show – the mucous plug in the cervix can come away as it shortens and opens. It is normal for it to be clear, or blood-stained
- Tiredness, because the tightenings prevent you from resting
- Feelings of excitement and then disappointment as you think labour is starting and then it seems to stop
- Feelings of concern, as you wonder if everything is normal

You should still feel your baby moving as much as usual.

What can you do to help?

- Recognise that this is normal (if you are 37 weeks or more) and remain positive
 - Rest as much as possible.
 - Eat and drink normally if you can. It is important to keep well hydrated.
 - Keep occupied to take your mind off the tightenings
 - Go for a walk. It's a good idea to wear a pad if you go out, as sometimes your waters can break during this time
 - Soak in a warm bath or have a shower
 - Start using your TENS machine (not in water!)
 - Take paracetamol. You can take two tablets every four hours, up to a maximum of 8 in 24 hours
 - Ask someone to give you a massage
 - Rock on all fours, or on a birthing ball
 - Practice relaxation and steady slow breathing when the contractions become more uncomfortable
-

When should you ring to speak to a midwife?

- If you are less than 37 weeks pregnant
 - Any time that you are concerned or need advice
 - If your waters break. It is particularly important to ring if the water is stained green or brown from the baby's 'meconium'
 - If you have any free bleeding (rather than just blood stained 'show') or if any pain becomes constant
 - If your baby is less active than usual
 - If you feel unwell
 - If you are struggling to cope
-

What will happen then?

The midwife will ask you a number of questions. It is better if you speak to her, rather than your birth partner or friend, because the midwife can tell quite a lot from hearing how you are on the phone.

You might be reassured and advised to stay at home for the time being. This is the best place for you to be if possible, where you can relax in your own familiar surroundings, supported by your friends and family.

Please don't hesitate to ring again if you need to, and do bear in mind the distance from your home to the place where you are having your baby.

You might be advised to come in to be checked. If you go to the hospital or a midwife-led unit, take your bags and your Pregnancy Health Record. It helps if you phone before going to a maternity unit, so we can obtain your hospital notes and get a room ready for you.

What happens if I go in to hospital or MLU to be checked?

You will have an antenatal check, similar to any check during your pregnancy. The midwife will take a history of what has been happening. She may ask to continuously monitor your contractions and baby's heart rate on a 'CTG' machine. This is usually for 20 to 30 minutes.

With your consent, she will usually do a vaginal examination to assess your cervix. If your cervix is starting to dilate, she may be able to do a 'stretch and sweep' to try to stimulate your contractions. This is where she runs a finger inside the cervix to stimulate the production of natural hormones to help get the labour established.

Following a vaginal examination, you may feel more uncomfortable for a while, and may have a 'show'.

Depending on the findings of the check and the examination, you may be advised to go home again for a while, or go to the antenatal ward, or you may be in labour!

Some women who are not yet in established labour do not want to go home. This can be for a number of reasons, including living a long way from the hospital, or not being able to cope with the discomfort.

If you find that you are in this situation, we will try to offer you a quiet environment to rest and move around while your labour establishes. At this time you do not need the regular assessments required when a woman is in established labour, so we ask that you speak to a member of staff if you need anything. Please don't hesitate to let us know if you feel anything has changed or you need pain relief.

Your partner will be able to stay with you during the day, and also during the night if a room is available. Side rooms in the consultant-led unit are allocated according to clinical need, so please be understanding if there is not one available straight away for you.

If your discomfort or pain is not helped sufficiently by the methods under the section above: 'What can you do to help?' please discuss this with your midwife. You can try simple pain relief like tablets containing paracetamol and codeine. If this is insufficient, the midwife can consider giving you an injection of pethidine to help you. Once you have had a dose of pethidine, you will be advised to stay in hospital or MLU for at least 6 – 8 hours afterwards, and to have your baby's heart rate monitored before you leave, should your labour not become established and you decide you do want to go home.

When are you in established labour?

You are usually in established labour when your contractions are coming regularly, and getting longer, stronger and closer together. Typically, your contractions will be about 5 minutes apart and lasting a minute. Your cervix is normally 3-4 cm dilated at this time. Remember, however, that every woman is different, and don't hesitate to call for advice if you need to.

Other sources of information

NHS Choices

The UK's biggest health website, certified as a reliable source of health information:
www.nhs.uk

Patient UK

Evidence based information on a wide range of medical and health topics.
www.patient.co.uk

National Institute of Health and Care Excellence

<http://www.nice.org.uk/guidance/cg55/resources/information-for-the-public-care-of-women-and-their-babies-during-labour-pdf>

Patient Advise and Liaison Service (PALS)

PALS will act on your behalf when handling patient and family concerns, they can also help you get support from other local or national agencies. PALS, is a confidential service.

Princess Royal Hospital, Tel: 01952 282888

Royal Shrewsbury Hospital, Tel: 0800 783 0057 or 01743 261691

Website: www.sath.nhs.uk

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Your information

Information about you and your healthcare is held by the NHS. You can find out more about how we hold your information and how it is used on our website in your Pregnancy Information Book.

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